

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

2090 UBR  
Tallahassee  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V23758

1. Corporation Name

BROKERAGE INSURANCE GROUP CORP.

Principal Place of Business

Mailing Address

9500 SOUTH DADELAND BLVD.  
~~SUITE 701~~  
MIAMI FL 33156

9500 SOUTH DADELAND BLVD.  
~~SUITE 701~~  
MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9500 S. Dadeland Blvd.  
Suite, Apt. #, etc.  
Suite 710

9500 South Dadeland Blvd  
Suite, Apt. #, etc.  
Suite 710

City & State  
Miami FL

City & State  
Miami FL

Zip Country  
33156

Zip Country  
33156

4. Date Incorporated or Qualified  
To Do Business in Florida

03/24/1992

5. FEI Number

65-0304422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DE MAYO, HENRY	12200 S.W. 68 AVE.	MIAMI FL

600003453936-3  
-11/03/00-01125-019  
\*\*\*\*\*158.75 \*\*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEMAYO, HENRY  
9500 S. DADELAND BLVD.  
SUITE 701  
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

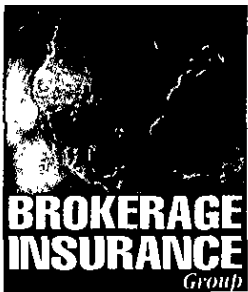
KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305  
10/20/2000 670-2400  
Date Daytime Phone #

CR2E040 (8/00)



9500 South Dadeland Boulevard  
Suite 710  
Miami, Florida 33156  
305-670-2400  
Fax 305-670-6670  
big\_ins@bellsouth.net

202

October 20, 2000

Florida Department of State  
Division of Annual Reports  
Post Office Box 6327  
Tallahassee FL 32314-6327

RE: V23758  
Brokerage Insurance Group Corp.

Enclosed is our Application for Reinstatement along with our check number 1948 in the amount of \$158.75.

Our office moved and we did not receive our renewal notices. We have corrected the application to reflect our new address.

Your understanding is appreciated.

Yours truly,

A handwritten signature in black ink, appearing to read "Lisa Ellington", is written over a horizontal line.

Lisa Ellington  
Executive Assistant

/lde